



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
P.O. Box 2586
Worcester, MA 01613-2586

Fax: 1-877-208-7428 **Phone:** 1-800-745-7318

Suboxone/Subutex Prior Authorization Request

MassHealth reviews requests for prior authorization (PA) on the basis of medical necessity only. If MassHealth approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. MassHealth will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

PA is required for Subutex.

PA is also required for Suboxone > 32mg/day and as indicated in the following chart.

Dose	PA required after
>24 and ≤ 32 mg/day	3 months of therapy
>16 and ≤ 24 mg/day	6 months of therapy
≤16 mg day	12 months of therapy

Information about the MassHealth Drug List can be found at www.mass.gov/druglist.

Member information

Last name	First name	MI	MassHealth member ID no.	Date of birth	Sex (Circle one.) f m
Member's place of residence <input type="checkbox"/> home <input type="checkbox"/> nursing facility					

Medication information

Drug Name <input type="checkbox"/> Subutex (buprenorphine) <input type="checkbox"/> Suboxone (buprenorphine/naloxone)
Dose and frequency and duration of requested drug _____
Indication <input type="checkbox"/> Opioid dependence <input type="checkbox"/> Other (specify): _____
Taper schedule Have you considered a taper schedule for this member? <input type="checkbox"/> No. If no, please provide medical necessity as to why a taper is not being considered at this point in time in the space provided along with complete treatment plan: <input type="checkbox"/> Yes. If yes, please provide taper schedule below: _____ _____ _____ _____
Section I: Please complete for Subutex requests. 1. Is the member pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, anticipated date of delivery: _____ 2. Does the member have a documented allergic reaction to naloxone? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, please provide medical records documenting the allergic reaction. 3. If you answered "No" to the two questions above, what is the medical necessity for prescribing Subutex rather than Suboxone, for this member? (Please explain below.) _____ _____

Medication information (cont.)

Section II: Please complete for doses exceeding 24 mg/day.

Please document medical necessity for high dose of Suboxone or Subutex below and submit medical records supporting the medical necessity provided.

Note: A taper schedule is required for all requests for Suboxone or Subutex > 24 mg/day. Please document a taper schedule on the first page of this prior-authorization form.

Section III: Please complete for concurrent fills of Suboxone or Subutex and a short-acting opioid.

1. Are you the prescriber of both Suboxone or Subutex and the short-acting opioid?
☐ Yes ☐ No
2. Prior to continuing Suboxone or Subutex therapy, will the member be discontinuing the short-acting opioid(s)?
☐ Yes ☐ No. If no, please answer questions 3 and 4 below.
3. Please document the medical necessity for concurrent Suboxone or Subutex and short-acting opioid therapy. Please submit medical records supporting the medical necessity, including the specific pain that the current short-acting opioid is being used to treat.
4. Please document the complete treatment plan, including expected duration of therapy for this member in regard to acute pain management with concurrent Suboxone or Subutex and short-acting opioid therapy.

Pharmacy information

Name	Pharmacy provider no. <i>Optional</i>	Telephone no. ()	Fax no. ()	<i>Optional</i>
Address		City	State	Zip <i>Optional</i>

Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA no. (i.e., X number)
E-mail address <i>Optional</i>			Telephone no. ()	Fax no. ()

Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.